



Town of Southampton Parks & Recreation Dept.

6 Newtown Road

Hampton Bays, NY 11946

Ph. 631-728-8585 or www.southamptontownny.gov/parksrec

2017 Beach Parking Permit Application

SH Town Property Owners <input type="checkbox"/>	Year Round Town Renters <input type="checkbox"/> <u>LEASES ARE NOT ACCEPTABLE</u>	Summer Visitors <input type="checkbox"/>	Marine Park <input type="checkbox"/>
• Valid Car Registration	• Valid Car Registration	• Valid Car Registration	• Valid Car Registration
• Current Property Tax Bill	• 3 Utilities Bills-12 months, 6 months, current (Electric/Cable only)	• Check, MO or CC (NO AMEX)	• Check, MO or CC (NO AMEX)
• Check, MO or CC (NO AMEX) • Res \$40/Seniors \$25 (60+) age ID req'd Res <input type="checkbox"/> Sen <input type="checkbox"/> • Vets Free (Must Be On File) • FD/EMS/MIL Free (ID Req'd)	• Check, MO or CC (NO AMEX) • Res \$40/Seniors \$25 (60+) age ID req'd Res <input type="checkbox"/> Sen <input type="checkbox"/>	• \$375	• \$90

Must enclose a self-addressed stamped envelope to ensure timely delivery.

SOUTHAMPTON TOWN IS NOT RESPONSIBLE FOR PERMITS LOST IN THE MAIL

Town of Southampton Policies and Regulations

The undersigned agrees and does hereby release from liability and to indemnify and hold harmless The Town of Southampton and any of its employees. This release is for any and all liability for lost or stolen beach permits processed via mail services (USPS, Fed-Ex, UPS, etc.).

I have read the above statement governed by the Town of Southampton and agree that by my signature, I, as well as any organization which I represent will abide by this.

Signature (**required for processing**): _____

Name (Please Print) _____ Phone _____ Email _____

Payment Type: Check# _____ CC (MC/Visa/Disc **ONLY**) # _____ Sec Code _____

PLEASE MAKE CHECKS PAYABLE TO: TOWN OF SOUTHAMPTON

Expiration Date: _____ Zip Code _____